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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *AT*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *AT*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY CA	Sheets Drawing 6	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>AT</i> Examiner's Signature	Allowance <i>AT</i> Initials				

## ADDRESS

23410

## TITLE

Ablation probe with temperature sensitive electrode array

FILING FEE RECEIVED 1188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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